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Bib Data Sheet

CONFIRMATION NO. 7298

SERIAL NUMBER 10/829,631	FILING DATE 04/22/2004  RULE	CLASS 152	GROUP ART UNIT 1733	ATTORNEY DOCKET NO. LEXANI.032C2								
<p>APPLICANTS</p> <p>Frank J. Hodges, Yorba Linda, CA;</p> <p>Sergio Anca, Garden Grove, CA;</p> <p>** CONTINUING DATA **</p> <p>This application is a CON of 10/266,040 10/07/2002 PAT 6,820,889</p> <p>** FOREIGN APPLICATIONS **</p> <p>IF REQUIRED, FOREIGN FILING LICENSE GRANTED              ** 08/28/2004</p> <table border="1"> <tr> <td>Foreign Priority claimed 35 USC 119 (e-d) conditions met</td> <td><input type="checkbox"/> yes <input checked="" type="checkbox"/> no</td> <td rowspan="2">STATE OR COUNTRY CA</td> <td rowspan="2">SHEETS DRAWING 13</td> <td rowspan="2">TOTAL CLAIMS 42</td> <td rowspan="2">INDEPENDENT CLAIMS 3</td> </tr> <tr> <td>Verified and Acknowledged</td> <td><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance</td> </tr> </table> <p>Examiner's signature: <u>[Signature]</u> Initials: <u>[Initials]</u></p>					Foreign Priority claimed 35 USC 119 (e-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 13	TOTAL CLAIMS 42	INDEPENDENT CLAIMS 3	Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance
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<p>ADDRESS</p> <p>20995              KNOBBE MARTENS OLSON &amp; BEAR LLP              2040 MAIN STREET              FOURTEENTH FLOOR              IRVINE, CA              92614</p>												
<p>TITLE</p> <p>Tire with extended flange seat</p>												
<p>FILING FEE</p> <p>RECEIVED 1168</p>	<p>FEES: Authority has been given in Paper              No. _____ to charge/credit DEPOSIT ACCOUNT              No. _____ for following:</p> <table border="1"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> <tr><td><input type="checkbox"/> Credit _____</td></tr> </table>				<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit _____		
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